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FAX TRANSMISSION

DATE: October 3, 2003

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PTO IDENTIFIER: Application Number 09/781133-Conf #1688
Patent Number

OCT 06 2003

Inventor: Neil J. Hayward, et al.

MESSAGE TO: Not Yet Assigned

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FAX NUMBER: (703) 306-3220

FROM: LAHIVE & COCKFIELD, LLP

Maria Laccotripe Zacharakis, Ph.D.

PHONE: (617) 227-7400

Attorney Dkt. #: PPI-064

PAGES (Including Cover Sheet): 21

CONTENTS:

Transmittal (1 page);
Amendment Transmittal Letter (1 page) (in duplicate);
Fee Transmittal (1 page);
Notice of Appeal (1 page) (in duplicate);
Amendment and Response to Final Office Action (10 pages);
Request for Three Month Extension of Time Under 37 CFR 1.136(a) (1 page) (in duplicate);
Certificate of Transmission under 37 CFR 1.8 (1 page);
Statement of Limited Recognition Under 37 C.F.R. 10.9(b) (1 page), and
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PTO/SB/21 (08-03)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/781133-Conf. #1688
		Filing Date	February 9, 2001
		First Named Inventor	Neil J. Hayward
		Art Unit	1654
		Examiner Name	Jeffrey E. Russell
Total Number of Pages in This Submission	1	Attorney Docket Number	PPI-064

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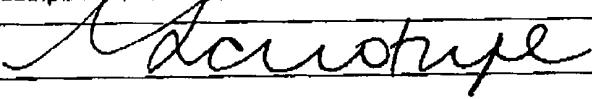
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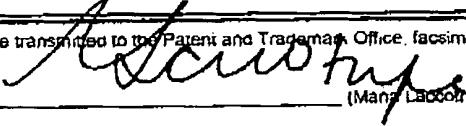
ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Certificate of Transmission under 37 CFR 1.8 (1 page); and Statement of Limited Recognition Under 37 C.F.R. 10.9(b) (1 page).
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	LAHIVE & COCKFIELD, LLP Maria Laccottripe Zacharakis, Ph.D. - LRA
Signature	
Date	October 3, 2003

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Dated: October 3, 2003
Ph.D.)Signature: 

(Maria Laccottripe Zacharakis,

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(Form updated to reflect FY 2004 fees effective 10/1/03)

FEET TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 640.00)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account

Deposit Account Number 12-0080

Deposit Account Name Lahive & Cockfield, LLP

The Director is authorized to (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) during the pendency of this application

Charge fee(s) indicated below, except for the filing fee to the above-named deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity			
Fee	Fee	Fee	Fee Description	Fee Paid
Code 18	Code 18			
1001 770	2001 385		Utility filing fee	
1002 340	2002 170		Design filing fee	
1003 530	2003 265		Plant filing fee	
1004 770	2004 385		Reissue filing fee	
1005 180	2005 80		Provisional filing fee	
SUBTOTAL (1) (\$)		0.00		

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Fee from Claims	Fee from Below	Fee Paid
Independent Claims	=	=	
Multiple Dependent:	=	=	

Large Entity	Small Entity			
Fee	Fee	Fee	Fee Description	Fee Paid
Code 18	Code 18			
1202 18	2202 9		Claims in excess of 20	
1201 88	2201 43		Independent claims in excess of 3	
1203 290	2203 145		Multiple dependent claim, if not paid	
1204 85	2204 43		** Reissue independent claims over original patent	
1205 18	2205 9		** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		0.00		

** or number previously paid, if greater. For Reissues, see above

SUBMITTED BY

Name (Print/Type)	Maria Laccotone Zacharakis, Ph.D	Registration No. (and attorney/agent)	LRA	Telephone (617) 227-7400
Signature			Date	October 3, 2003

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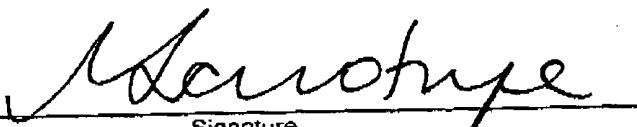
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Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page);

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Amendment transmitted letter (1 page)